

# U.S.A. DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## CONTROLLED RELEASE INSUFFLATION CARRIER FOR MEDICAMENTS

the specification of which (check one) ☒ is attached hereto

☒ was filed on April 7, 1995 as Application Serial No. 08/419,635 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

### PRIOR FOREIGN APPLICATION(S)

(Number)	(Country)	(Day/Month/Year Filed)	Priority claimed	
			Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)
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And I hereby appoint Harold D. Steinberg, Registration No. 17,255, Martin G. Raskin, Registration No. 25,642, Clifford M. Davidson, Registration No. 32,728, and Michael N. Mercanti, Registration No. 33,966, Laurence Manber, Registration No. 35,597, and James R. Crawford, Registration No. 39,155, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith; correspondence address: STEINBERG, RASKIN & DAVIDSON, P.C., 1140 Avenue of the Americas, New York, N.Y. 10036; Telephone: (212) 768-3800; Fax: (212) 382-2124. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first

Inventor Arand BAICHIWAL

Inventor's signature Arand Baichwal

Date 6/12/95

Residence Wappingers Falls, New York

Citizenship India

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Full name of joint

Inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of joint

Inventor, if any John N. Stanforth

Second Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence Bath, England

Citizenship British (United Kingdom)

Post Office Address: High Trees, 170 Bloomfield Road

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Full name of joint

Inventor, if any \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address: \_\_\_\_\_

U.S.A.  
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Full name of sole or first  
Inventor Anand BAICHWAL  
Inventor's signature \_\_\_\_\_  
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Second Inventor's signature [Signature]  
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Full name of joint  
Inventor, if any \_\_\_\_\_  
Third Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
Citizenship \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of joint  
Inventor, if any \_\_\_\_\_  
Fourth Inventor's signature \_\_\_\_\_  
Date \_\_\_\_\_  
Residence \_\_\_\_\_  
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